

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/23/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN WIND ASSISTED LIVING OF LOUISBI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>361 LEONARD ROAD LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>This report is of a Complaint investigation done by Bob Getchell on June 23, 2016.</p> <p>This facility was originally licensed on May 13, 1968. On November 20, 1979 a 28- bed addition was added, bringing the total beds to 60. Therefore the original section of the facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds; and, the 1967 North Carolina State Building Code, Group D, Section 516.1(c).</p> <p>The 28-bed addition must meet the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds; and, the 1978 North Carolina State Building Code, Section 409.1(c).</p> <p>The complaint alleged the air conditioning was not working in the front section of the right residential wing. The complaint is substantiated.</p> <p>Deficiencies were noted which will require a new plan of correction.</p>	C 000		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p>	C 189		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 189	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, the facility was not maintained safe due to mechanical equipment not maintained operable. This could cause dehydration and other medical complications in elderly residents.</p> <p>Findings include: The air conditioning system serving the right front corridor was not functioning.</p> <p>A temperature reading taken in the corridor was 80 degrees F.</p> <p>Interview with facility staff indicated that they had to order a new compressor.</p> <p>The residents were relocated to vacant rooms on the left wing where the air conditioning is working, and fans have been placed in the right front corridor.</p>	C 189			